

BEST AVAILABLE COPY

2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10763340	FILING DATE
APPLICANT(S)								
6-15-05 8-5-05							CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		8-5-05		
NO	DEP	NO	DEP	NO	DEP	NO	DEP	
1						51		
2						52		
3						53		
4						54		
5						55		
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44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

REST AVAILABLE COPY

CLAIMS ONLY						Application Number 10/763,340		Filing Date						
						Applicant(s)								
CLAIMS	AS FILED 6-15-05		AFTER FIRST AMENDMENT 8-5-05		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
101							151							
102							152							
103							153							
104							154							
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145							195							
146							196							
147							197							
148							198							
149							199							
150							200							
Total Indep	3		2				Total Indep							
Total Depend	44		46				Total Depend							
Total Claims	47		48				Total Claims							

1  
cont.